



## School Nurse Application Procedure

1. On school letterhead/stationery, please state the child's full name, age, grade level, and confirm s/he participates in the school's free or reduced school lunch program.
2. Submit the above, with a photocopy of the child's current (within 12 months) eye prescription to:

New Eyes for the Needy  
549 Millburn Avenue, PO Box 332  
Short Hills, NJ 07078  
Phone #973-376-4903  
Fax #973-376-3807

3. The parent **MUST NOT** order the glasses until they physically receive the voucher.
4. New Eyes will issue a voucher for the student and mail it directly to the school nurse, who will provide it to the parent. Please let us know if you need us to suggest an optician in your community who will accept our voucher/reimbursement rates.
5. New Eyes will pay the optician directly for a basic pair of glasses that fills the prescribed need; the parent does not pay anything.
6. Please remember to include the school's address and phone number in your communication.

Thank you.